

E-filing

APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER

Plaintiff

vs.

Defendant

CV 08  
CASE NUMBER:FILED  
MAR 11 PM 3:31  
CLERK U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

1388

RMW

(PR

I, WENNETH MILLER, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated: ☒ Yes ☐ No (If "No" DO NOT USE THIS FORM)

If "Yes" state the place of your incarceration.

"SOLICITORS VALLEY STATE PRISON"

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed? ☒ Yes ☒ No

a. If the answer is "Yes" state the amount of your pay.

- b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

"DON'T KNOW" APR 2007 (MAYBE)

3. In the past twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

(90510)

X/A

4. Do you have cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount: 0

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value. 0

6. Do you have any other assets? ☐ Yes ☒ No

If "Yes" list the asset(s) and state the value of each asset listed.

0

7. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

0

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

I declare under penalty of perjury that the above information is true and correct.

01-20-2008

DATE

Kenneth Mills

SIGNATURE OF APPLICANT

ON JANUARY 20th 2008 I MAILED INSTITUTION MAIL TO COURT'S DRUG UNIT'S THREE (3) COPIES OF ENCLOSED PETITION FOR WHICH IVE NOT RECEIVED ANY CASE NO. MORE SO CASE NO. FOR DUPLICATE HAZARD COURT.

Thank You

Kenneth Mills T-19085 02/12/08

02/19/2008

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